KELSEY TRAIL HEALTH REGION

ANNUAL REPORT

APRIL 1, 2002 TO MARCH 31, 2003

"Healthy People in Healthy Communities"

Vision:

Healthy People In Healthy Communities

Mission:

Working Together To Improve The Health Of People

Values:

Honesty
Integrity
Accountability
Responsibility
Quality
Teamwork
Care & Compassion
Fairness
Open Communication
Service Excellence

KELSEY TRAIL
HEALTH REGION

103-06630/

TABLE OF CONTENTS

Letter of Transmittal	Page 1
Comments From The Regional Health Authority Chairperson	Page 2
Kelsey Trail Regional Health Authority Members	Page 3 - 4
Organizational Chart	Page 5
Mission, Vision, Values	Page 6 - 8
Governance and Organization	Page 9 - 11
Major Initiatives/Accomplishments	Page 12 -15
Regional Environmental Scan	Page 16 - 25
Progress and Results	Page 26 - 28
Challenges and Future Directions	Page 29 - 31
Summary Report on Health Care Organizations	Page 31
Management Discussion and Analysis	Page 32 - 34
Financial Summaries	

LETTER OF TRANSMITTAL

June 17, 2003

To the Honourable John Nilson
Minister of Health
Room 361
Legislative Building
REGINA, Saskatchewan
S4S 0B3

Dear Mr. Nilson:

In accordance with *The Regional Health Services Act*, it is my pleasure to present to you, on behalf of the Kelsey Trail Regional Health Authority, the annual report of the Kelsey Trail Health Region for the period of April 1, 2002 to March 31, 2003.

Yours truly,

Carol Hayward,
Chairperson
Kelsey Trail Regional Health Authority

COMMENTS FROM THE REGIONAL HEALTH AUTHORITY CHAIRPERSON

This first annual report of Kelsey Trail Health Region allows us the opportunity to reflect on all that has been accomplished in one "short" year.

April 1st 2002, the members of the planning committee for RHA #8 were involved in learning their roles and responsibilities, touring facilities and familiarizing themselves with programs within the new health region. Running parallel was the Regional Transition Committee (senior managers) of the three districts providing a supportive role to the planning committee and working towards the harmonizing of the three districts into one region.

The harmony of the three former districts has actually been growing since district formation in 1993, so it was not surprising that these three former districts melded well into one region.

The Region received a new name and logo. A vision, mission and values were established.

Strategic Planning sessions were held with our staff, partners and stakeholders and we look forward to finalization in the near future.

Examples of regional initiatives that have developed and/or expanded include Primary Health Care, *KidsFirst*, Telehealth, a renewed Quality Care Process, focus on partnerships and numerous other initiatives and program accomplishments continue to evolve.

This has not happened by accident or by chance, it has been through the commitment of Authority members and the dedication of regional staff, medical staff and volunteers. We are very fortunate indeed.

Thank you for your continued devotion to providing quality health services to the residents of Kelsey Trail Health Region.

Carol Hayward,
Chairperson
Kelsey Trail Regional Health Authority

KELSEY TRAIL REGIONAL HEALTH AUTHORITY MEMBERS

Chairperson **Carol Hayward** is a homemaker from the Tisdale area. Carol served as chairperson of the former Pasquia District Health Board.

Vice-Chair **Dale Link** is a retired teacher from Melfort. Dale served as the chairperson of the former North Central District Health Board.

Bruce Karras is an engineer/manager from Nipawin. Bruce served as a member of the former North-East District Health Board.

Carla M. Hipkins is a speech therapist aide from Porcupine Plain. Carla served as a member of the former Pasquia District Health Board.

Harry Palko is a retired education administrator from Hudson Bay. Harry is also the current mayor of Hudson Bay.

Kathleen Bedard is a businessperson from St. Brieux. Kathy served as a member of the former North Central District Health Board.

Lana Thompson is a businessperson from Naicam. Lana served as a member of the former North Central District Health Board.

Marion Heavin is a farmer from the Melfort area. Marion served as a member of the former North Central District Health Board.

Minnie Deutsch is a retired nurse manager from Nipawin. Minnie served as a member of the former North-East District Health Board.

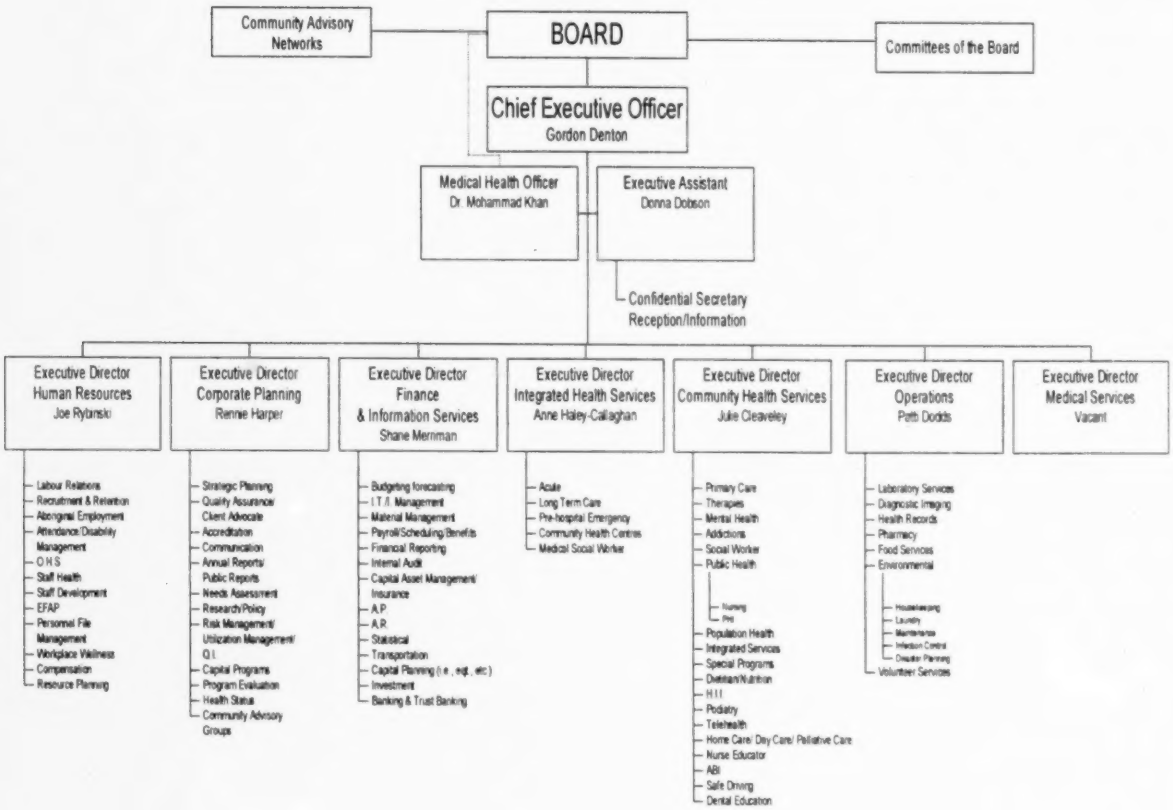
Robert R. Cheechoo from Cumberland House, is Director of Operations for the North Cote Metis Development Corporation. Robert was a member of the former North-East District Health Board.

Steve Rudy is a retired education administrator from Carrot River. Steve also farms in the Carrot River area.

Wayne Black is a farmer from Archerwill. Wayne served as a member of the former Pasquia District Health Board.

ORGANIZATIONAL CHART

KELSEY TRAIL HEALTH REGION



MISSION, VISION, VALUES

Early in the transition of the North-East Health District, North Central Health District and Pasquia Health District to the Kelsey Trail Health Region, it became necessary to give the new region an identity separate from the health districts that existed previously.

Following requests for public input, the name "Kelsey Trail Health Region" was chosen. The logo for Kelsey Trail Health Region was also chosen after receiving public input. The logo symbolizes *oneness* - working together as a team toward common goals. The stylized ellipse represents a circle of life within our communities. As well, First Nations' cultures use healing circles as a basis for their traditional medicine. The openings in the ellipse represent our open door policy - open to the public, our partners and our neighboring regions.

KELSEY TRAIL
HEALTH REGION

Our Vision:

"*Healthy People in Healthy Communities*"

Our Mission:

"*Working together to improve the health of people*"

Our Values:

- *Honesty*
- *Integrity*
- *Accountability*
- *Responsibility*
- *Quality*
- *Teamwork*
- *Care & Compassion*
- *Fairness*
- *Open Communication*
- *Service Excellence*

Mission, Vision, Values - Continued

During the early stages of the transition process, the Kelsey Trail Health Region focused on four common goals that were originally outlined in the *Action Plan for Saskatchewan Health Care*. The region's commitment to these goals is demonstrated through the organizational structure with the implementation of departments responsible for Quality of Care & Client Advocacy, Primary Health Care, Health Promotion, Recruitment and Retention, Research, Pre-Emergency Care, etc. Kelsey Trail Health Region is committed to ensuring that future goals will be developed in consultation with its public, partners, stakeholders and staff. The initial four goals are as follows:

1. **Effective Health Promotion And Disease Prevention**
   Kelsey Trail Health Region acknowledges that health is about creating communities where it is easy for people to live, work and play in healthy ways. To this end, the region is committed to involving its community partners, other agencies and the general public and staff in education and information sessions regarding the determinants of health as well as the Population Health Promotion model. Population Health Promotion addresses the cause of health inequalities and attempts to address the root causes rather than the symptoms. Kelsey Trail Health region is committed to striving to improve the health status of its population.

   Since effective health promotion and disease prevention is about finding a balance between treatment and prevention, all stakeholders must be involved and opportunities for partnerships sought. There are many things we can do in partnership to prevent or lessen health problems. For example:
   - ensure expectant mothers understand the importance of eating the appropriate foods and avoiding tobacco and alcohol;
   - promoting physical activity as a means of preventing heart disease, diabetes and other health problems;
   - provide low-income families with access to nutritious food through community gardens and good food box programs; and
   - create policies, programs and bylaws that reinforce positive outcomes.

2. **Improved Access To Health Services**
   Kelsey Trail Health Region supports improved access to health services through a primary health care model. Primary health care covers everything from the diagnosis of common illnesses to the treatment of minor injuries and the management of ongoing problems like asthma, diabetes, high blood pressure, or anxiety. Primary health care is the first and most frequent point of contact people have with the health system. The region supports the development of primary health care teams, where physicians, nurses, therapists and other front-line health care providers work together to meet the needs of clients/patients. The principles of primary health care are: accessibility, public participation, effective health promotion and disease prevention, and proactive and collaborative approaches to management of chronic diseases.

Mission, Vision, Values - Continued

During the early stages of transition a variety of needs assessments were begun to investigate the future development of primary health care sites in a variety of locations. Primary health care sites offer a full range of everyday health services through a team-based approach.

Kelsey Trail Health Region recognizes the need to ensure reliable access to hospital services and pre-emergency care. The support for this is demonstrated in the new organizational structure in the establishment of a Director of Pre-Emergency Care.

Access to health services is supported through the establishment of a department responsible for communication. Communication of information to the public, as well as to our staff, is viewed as important to access as well as to accountability. Enhancement of the Quality of Care role allows for increased access to information by the public.

3. **To Recruit, Train and Retain Health Providers**
Early in the transition process the Kelsey Trail Health Region recognized the need to develop a clear recruitment and retention strategy. This is reinforced within the organizational structure through the establishment of positions directly responsible for recruitment and retention, employee health, safety and wellness, and staff development and disability support.

The region continues to support bursary and scholarship programs as well as staff education funds to ensure that both new and existing employees of the region have access to successful and satisfying careers. The region supports the development of a representative workforce.

4. **A Sustainable, Efficient, Accountable And Quality Health System**
The need to establish sound processes to receive and resolve concerns of our citizens is recognized as a necessary component of effective quality management. A team of regional quality of care coordinators was therefore established early in the transition process. Effective concern resolution processes will assist in (1) building public confidence, (2) ensuring accountability and (3) improving our service quality. Continuous quality improvement is a valuable and necessary component of the organization. Examples of quality initiatives that are established or being enhanced include: accreditation, risk management, quality assurance, concern handling, root cause analysis, and research to ensure evidence-based programming/services.

The region recognizes the importance of its link to the Provincial Health Quality Council. The Health Quality Council will set a new direction toward a quality, cost-effective, results-oriented system. Good information is the key to quality improvement. The Health Quality Council will provide government, physicians, and other health care providers with the tools needed to make decisions based on evidence.

GOVERNANCE AND ORGANIZATION

The following are among the roles and responsibilities of Kelsey Trail Health Region outlined in the region's Accountability Document provided by Saskatchewan Health:

1. **Strategic Planning**
   - Establish vision, mission and values consistent with strategic direction provided by the province
     - develop evidence-based decision processes
   - Develop intersectoral alliances
   - Ensure quality health services
   - Allocate regional resources for delivery of services
   - Submit a multi-year operational plan and the annual service and financial plan and deliver services within the approved budget

2. **Fiscal Management and Reporting**
   - Safeguard the organization's resources through sound fiscal policies and effective internal controls
   - Ensure that health status and health needs of the population being served are assessed on an ongoing basis
     - Information incorporated into all aspects of regional planning
   - Annual independent financial audit

3. **Relationships**
   - Establish processes for effectively communicating with the public
     - Effective communications processes that inform people how to obtain services, register concerns, deal with health emergencies, etc.
   - Establish effective community development processes
     - Establish one or more community advisory networks
   - Develop effective working relationships with health care organizations in the region and with health care professionals

4. **Quality Management**
   - Ensure effective quality assurance processes are in place
     - Systems in place to monitor and report on quality issues and concerns
   - How to access the Quality of Care Coordinator
   - Ensure privacy of health information
   - Identify risks to organization and ensure policies for risk management

5. **Monitoring, Evaluation and Reporting**
   - Ensure the organization's information systems meet the needs of the region
   - Assess and report on the authority's performance in addressing the health needs of its population
     - Collaboration of common assessment instruments
     - Continuously gather and analyze information that allows reporting on overall performance
   - Ensure process to monitor, evaluate and continuously improve the quality of work-life

Governance And Organization - Continued

6. **Management and Performance**
   - Develop process for ongoing education of RHA members
   - Conduct an annual assessment of performance, and use results to continuously improve performance and express appreciation for work well done
   - Establish sound processes for recruitment, appointment and evaluation of the CEO

Organization and Committee Structure
The Kelsey Trail Regional Health Authority is comprised of twelve individuals. The Authority has chosen not to have a formal committee structure at this time. As necessary, it utilizes an "ad hoc" process to deal with specific issues.

Transition From District Structure To Regional Health Authority Structure
Members of the Kelsey Trail Regional Health Authority were originally appointed as members of a Regional Health Authority Planning Committee (RHAPC) in February 2002. The RHAPC began meeting in March. Meetings consisted of orientation sessions, tours of facilities and planning toward becoming the Regional Health Authority and taking over the responsibility of operating the new health region. Simultaneously, senior management of the three former health districts worked on operational issues in preparation for amalgamation.

In June 2002, a Chief Executive Officer (CEO), Gordon Denton, was hired. The new CEO worked with the Regional Health Authority Planning Committee and continued work with the existing senior management teams in preparation for the amalgamation of the three former districts. The RHAPC held its first strategic planning session in July 2002.

The Regional Health Services Act was proclaimed on August 1, 2002, at which time the new Regional Health Authority assumed responsibility for the region. A senior management structure was established in August 2002. The basic organizational structure was developed over the next several months. (See organizational chart on page 5.)

The Regional Health Authority and senior management participated in a team building/strategic planning session in December 2002. In March 2003, senior management, along with all regional managers and support staff participated in a team building session.

Contracted Organizations
There are several health care organizations contracted by Kelsey Trail Health Region. These include six ambulance services contracted in Kelvington, Melfort, Naicam, Carrot River/Nipawin, Rose Valley, and Tisdale.

Governance And Organization - Continued

Home Care services in Cumberland House are contracted through the Northern Village of Cumberland House. Addiction services in Cumberland House are contracted through Pine Island Outpatient Centre. Other services, such as some nursing service and dental health are contracted through the Prince Albert Grand Council.

Methods of Maintaining Public Transparency
To maintain public transparency, the Regional Health Authority conducts board meetings that are open to the public. As time allows, a general open forum occurs which involves any members of the public who are present at the meeting. The Authority reports on its deliberations and activities to the public with *Kelsey Trail Regional Health Authority Highlights*, which are circulated to the media, and to all staff. A Communications Director has also been hired to assist in raising public awareness of the activities and issues within the region.

Administrative Structure
The Regional Head office is located in Tisdale at 901-108th Avenue, with satellite offices located in Nipawin and Melfort.

There are six executive director positions reporting directly to the CEO:

- The ***Human Resources*** portfolio includes such things as: labour relations, recruitment and retention, Occupational Health & Safety and staff development.
- The ***Corporate Planning*** portfolio includes areas such as: quality improvement, capital projects, strategic planning, community advisory networks, health status and communication.
- The ***Finance and Information Services*** portfolio includes: financial services, capital asset management, information technology, payroll and scheduling and materials management.
- The portfolio entitled ***Operations*** includes the areas of: laboratory and diagnostic imaging, pharmacy, housekeeping, maintenance and volunteer services.
- ***Integrated Health Services*** includes all acute and long term care services as well as pre-hospital emergency and community health centres.
- The ***Community Health Services*** portfolio includes areas such as: Primary Care, therapies, public and mental health, home care, and health promotion.

Advisory Structure
Among the roles and responsibilities of the Regional Health Authority is the need to establish Community Advisory Networks throughout the region. The Advisory Networks will represent the broad interests of the community to the Regional Health Authority. "Community" may be defined as a geographical area consisting of a number of pre-determined urban and rural municipalities, or as a community of interest pertaining to a specific health-related issue/concern. They will provide the Regional Health Authority with general feedback and comment on health care-related issues of importance to the community.

Preliminary work has been done to initiate the establishment of community advisory networks. Communities with prior advisory committees have been identified and a draft policy outlining terms of reference has been developed. It is anticipated that the process for soliciting membership will be defined and that Community Advisory Networks for Kelsey Trail will be active by September 2003.

MAJOR INITIATIVES AND ACCOMPLISHMENTS

The former Pasquia Health District, North-East Health District, and North Central Health District, and now Kelsey Trail Health Region, have implemented and piloted many initiatives and achieved a number of accomplishments over the 2002-2003 year.

1. Primary Health Care

The three Kelsey Trail Health Region Primary Health Care sites are at different stages of development, each with a unique approach to meeting their community needs. The region is in the process of developing a four-year plan with input from various health providers and community partners.

The ***Hudson Bay Primary Health Care site*** has been in the spotlight in its third and fourth years as an exemplary Primary Health Care site. This site has initiated programs that reflect a change in practice and service delivery. The *Globe and Mail* followed Dr. Gelhorn as part of a series on health care in 2002. As well, members of the team were presenters in a provincial workshop and other sessions. Hudson Bay has a well-developed multi-disciplinary team and a strong interagency group that has been synergistic to the healthy community action plan.

The ***Carrot River/Arborfield/Zenon Park Primary Health Care site*** is in its third year. The Primary Health Care Nurse practices with Dr. Fowler in Carrot River at his office three afternoons a week and in addition, a mentoring/team meeting occurs between these partners weekly. Arborfield has an Active Living committee that facilitated the development of a fully equipped gym accessible to the public at the Health Centre.

The ***Naicam Primary Health Care site*** opened its doors on April 29, 2002. Since the first day it has been well accepted and supported by the community. Dr. Finnegan and Dr. Hanekom, two well-respected physicians, each provide one day a week on-site medical services at the clinic. This combined with the accessibility of the site and the approachability of the nurse have been key to the site's success.

Did You Know?

The Hudson Bay Primary Health Care Team:

- *Organized a women's wellness conference attended by more than 197 individuals;*
- *Implemented the diabetes primary prevention project for children Kindergarten to Grade 6;*
- *Had a non-smoking bylaw in place as of January 1, 2002.*

The Hudson Bay Primary Care Nurse

- *In 2002/03, made 1467 client contacts;*
- *Took first call responsibilities and referred to the on-call physician if necessary.*

The Carrot River/Arborfield/ Zenon Park Primary Health Care Nurse:

- *Provided staff inservices on topics like back care and women's wellness;*
- *Participated in the active living program and provides school presentations on healthy body image;*
- *In 2002/03, made 4,227 client contacts.*

The Naicam Primary Care Nurse:

- *Made 1,194 patient contacts in 2002/03.*

Major Initiatives And Accomplishments - Continued

2. ***KidsFirst***

KidsFirst is a provincial early childhood initiative for very vulnerable families with young children. *KidsFirst* is a joint initiative of the Departments of Health, Social Services (now Community Resources and Employment) and Learning. In targeted areas, of which Nipawin is the only one in the Kelsey Trail Health Region, the program focuses on reaching those who have little or no prenatal care, teen mothers, and individuals exposed to substance abuse, violence and poverty. *KidsFirst* also focuses on children from 0 to 5 years of age, and their families. While some elements of the program apply to all children from prenatal to age five, there is a very strong focus on vulnerable/high-needs children and their families.

The key principles of the program include: a strength-based approach, inclusion of Aboriginal organizations, built on existing services, culturally appropriate, voluntary, innovative and flexible, intersectoral and integrated.

Throughout the province, nine targeted communities were identified (including Nipawin). Kelsey Trail's Northern Village of Cumberland House was also considered a targeted community. Factors such as prevalence of low birth weight, proportion of individuals on social assistance, hospitalization rates for children under one-year of age, and single parent rates determined targeted communities.

The *KidsFirst* program is managed by a committee comprised of representatives from the former North-East Health District/Kelsey Trail Health Region, Department of Community Resources and Employment, Regional Intersectoral Committee, Metis Nation Eastern Region II, Nipawin School Division and Prince Albert Grand Council. Kelsey Trail Health Region is the accountable partner for this six-year, approximately $1.8 million, project.

The Nipawin *KidsFirst* Program utilizes a team approach. The team includes: lay home visitors, a home visiting supervisor (contracted through Metis Nation Eastern Region II), alcohol, drug and mental health staff, along with a designated public health nurse and the Program Manager. Prenatal visits focus on preventing Fetal Alcohol Syndrome and other drug-affected births. Through the utilization of partnerships, childcare and early learning programs have been expanded to meet the needs of high-risk families, and barriers to access continue to be removed through the community development portion of the program. Parents benefit from support program built around parenting, literacy, nutrition and other identified needs. Daycare opportunities have been expanded to include services for infants 0-18 months.

Major Initiatives And Accomplishments - Continued

There is also a non-targeted, community development component of the *KidsFirst* program. The community development aspect is funded for the entire region and focuses on referral to existing services, community development, program enhancement and ensuring that high-risk families have access to existing services. This non-targeted portion is also managed by a steering committee comprised of representatives of a broad coalition of agencies from across the region. Kelsey Trail Health Region acts as the accountable partner for this very successful aspect of the provincial program.

3. **Telehealth**

Kelsey Trail Health Region has one Telehealth site within the region, located in the Nipawin Hospital. Nipawin is part of Telehealth Saskatchewan and currently provides access to numerous educational opportunities inside and outside the province to regional health care providers, staff from other agencies and the general public. The site also provides opportunity and access to clinical patient services in the areas of wound/stoma clinics, child psychiatry, dermatology, the Kinsmen Children's Centre, rehab, medicine, obstetrics and pediatric surgery consultation.

The ongoing use and expansion of the Telehealth system will potentially increase access to a variety of specialty services and also decrease travel times for certain services for people in areas of the region.

4. **Regional Concern Handling/Quality of Care Process**

In keeping with the outlined goals, Kelsey Trail Health Region has established a system and processes to monitor and report on quality issues and concerns. Pamphlets regarding how to access the concern handling process are available in each regional facility, as well as at physician clinics.

A sound process has been established to receive and resolve concerns of the public in a timely manner. A team approach to Quality of Care coordination allows opportunity for team members to refer and confer with each other and to ensure a broad point of view and also the ability to respond quickly. A consistent reporting mechanism has been implemented. The team works within a network that includes similar providers from other regions as well as the Provincial Quality of Care Coordinator.

The Director of Quality Care and Client Advocacy has been established to ensure ongoing team involvement and quality improvement throughout the system. It is designed to ensure consistent quality assurance and advocacy for clients, as well as risk and utilization management, communication strategies and standardization of programming and meeting accreditation requirements.

Major Initiatives And Accomplishments - Continued

Did You Know?

In 2002 - 2003, an average of 73 calls per month were received on the 1-800 Health Directory Line

5. **Expansion of 1-800 Health Directory Line (1-800-704-8395)**
   The Kelsey Trail Health Region has expanded its 1-800 health directory line to improve public access to information regarding program access, availability and referral processes.

6. **The Northern Health Strategy**
   Due to its responsibility for the Northern Village of Cumberland House, Kelsey Trail Health Region was invited to become a partner in the Northern Health Strategy in 2002. The Northern Health Strategy is referenced in the *Saskatchewan Action Plan* and addresses issues across the entire north. The goal is to improve the health status of all residents of Northern Saskatchewan. It includes representatives from the various sectors serving the northern population: Athabasca, Keewatin Yatthe, Mamawetan Churchill River and Kelsey Trail Health Authorities along with the Northern Inter-Tribal Health Authority (NITHA), and representatives from Saskatchewan Health and Health Canada's First Nations and Inuit Health Branch.

   The strategy is wholistic and places the individual within the appropriate family and community context and recognizes that the north is unique in its health problems, geographic issues, population growth and language and cultural issues and that the strategy must emphasize prevention as well as treatment.

7. **Palliative Care**
   The three former district Palliative Care Committees have amalgamated and a regional Palliative Care Committee has been formed to develop regional palliative care programs. The regional committee is comprised of a variety of professionals including representatives from home care, acute and long-term care, social work, mental health, physicians, pharmacy, emergency services, volunteer services and management. This committee is developing regional policies in areas such as best practice, and will continue working with community partners to explore solutions to complex issues.

Other Initiatives

There are numerous other initiatives taking place in the region. They include initiatives such as:

- Volunteer Services became a regional service in February 2003. The main objective of Volunteer Services is to recruit, train, support and recognize the volunteer workforce.

- Melfort Mental Health and Addiction Services will be piloting the first P.A.R.T.Y. (Prevent Alcohol and Risk Related Trauma in Youth) Program.

- Community initiatives like Metis Nation Eastern Region II Culture Camp, a rural farm stress course, and summer youth programs.

REGIONAL ENVIRONMENTAL SCAN

Kelsey Trail Health Region stretches from Cumberland House on the northeast corner, to Smeaton on the northwest corner, to St. Brieux on the southwest corner and Kelvington on the southeast.

Kelsey Trail Health Region is comprised of the former North-East, North Central and Pasquia Health Districts. The region encompasses an area of 47,397 square kilometers and has an estimated population of 45,700. The region serves a broad geographic area that includes the larger communities of Nipawin, Melfort and Tisdale plus approximately 30 other towns and villages, 21 rural municipalities and five First Nation communities.

The region employs over 1600 staff and has an annual budget of approximately $67 million. There are six hospitals with a total bed capacity of 132 beds. There are 11 nursing homes with a total of 480 long-term care beds. There are four health centres within the region. Home Care services are also available throughout the region.

Community Health Services across the region include:

- Public Health
- Home Care
- Mental Health & Addiction Services
- Therapy Services
- Speech Language Pathology
- Early Childhood Psychology
- Health Education
- Nutrition Services
- Population Health Promotion
- Dental Health
- Primary Health Care

Cumberland House Integrated Primary Health Care Project

Kelsey Trail Health Region continues to be involved in a partnership with the Northern Village of Cumberland House, Cumberland House Cree Nation, Saskatchewan Health, Prince Albert Grand Council and Health Canada to integrate and improve health delivery in the two communities at Cumberland House. The partnership is exploring integrated health service delivery models and the construction of a new Integrated Primary Health Care facility at Cumberland House to serve the Village and the Cree Nation. A potential site for the project has been chosen and Federal and provincial funding has been announced to continue the work on developing the project.

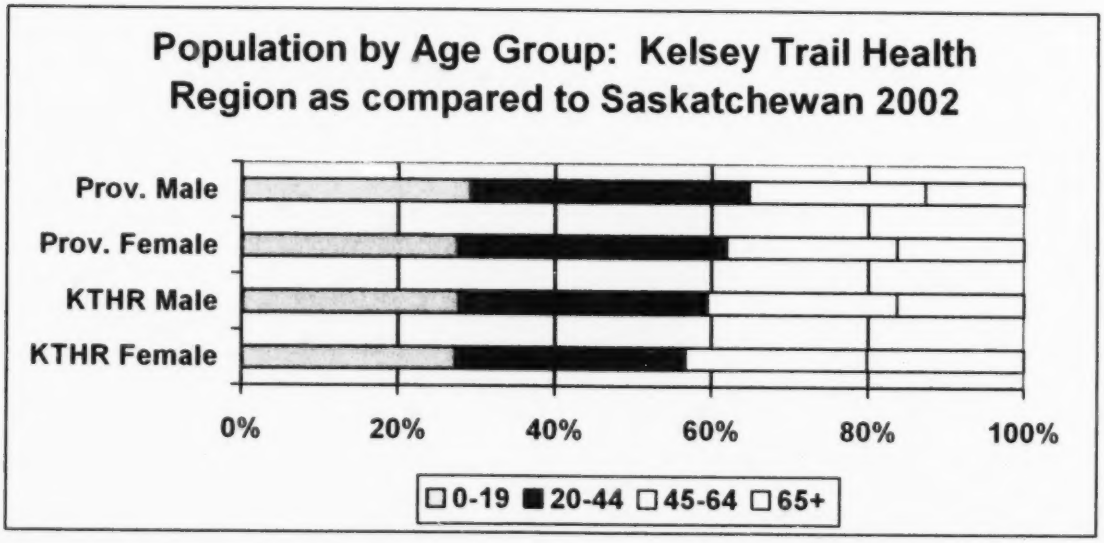
Regional Environmental Scan - Continued

Health determinants
The health of a community is affected by many factors beyond the "traditional health field". There are nine determinants of health, including shelter, education, food, income, stable eco-system, sustainable resources, social justice, equity and peace. It is a combination of these factors that reduces our chances at good health.

Industries
Industries within the region are primarily agricultural-related, along with renewable resource industries such as lumber/logging and tourism.

Demographics
2002 statistics indicate the population of Kelsey Trail Health Region is older than the provincial average. 18% of the region's population overall is over 65, compared to 14% provincially. By 2016, the over 65 population is projected to account for approximately 20% of the region's population. The over 75 population is expected to increase to 10% of the population.

Children 0-19 comprised 27.5% of the region's population, versus 28.4% provincially. 30.5% of the region's population is between the ages of 20-44, compared to 34.9% provincially. 23.7% of the region's population is between the ages of 45-64, versus 22% provincially.



The most recent information shows that the region's population decreased by approximately 10% between 1986 and 2001. An additional decrease of approximately 10% is projected through 2016. The largest population decreases are found in the 0-19 age populations, which will experience an estimated 40% decrease through 2016. This population decreased approximately 20% from 1986 to 2001. There is no projected increase in the region's birth rate.

Regional Environmental Scan – Continued

Findings From Previous/Current Needs Assessments

The Kelsey Trail Health Region has a high incidence of diabetes. The former North-East Health District was ranked third highest in the province in regard to the incidence of diabetes, third only to the two Northern health regions. With direction from the Provincial Diabetes Coordinator, it was determined that in 2002, there would be 990 individuals with diabetes in the northeastern portion of the region. This is a 4% net increase for each year after 1996.

Emerging Health Issues

West Nile concerns created a need for public education and response to inquiries, especially bird specimen collection and submission in the summer of 2002. Further strategies and monitoring programs are being planned in conjunction with Saskatchewan Health.

Regional Environmental Scan - Continued

As part of the region's Environmental Scan summary, the following highlights services available throughout Kelsey Trail Health Region.

Home Care

Home Care services are provided by Assessors, Home Health Aides and Home Care Nurses working from Home Care offices based in Melfort, Naicam, Nipawin, Carrot River, Tisdale, Hudson Bay, Porcupine Plain, Kelvington and Rose Valley. Home Care offers services such as nursing, meals-on-wheels, homemaking, personal care, respite care and palliative care throughout the region.

Public Health's Successful Mother's Support Program

Community Initiative Grant money was obtained to enhance this program's development. This money provided parties, sleigh rides and family pictures for clients at Christmas. Children have been able to participate in swimming lessons, glow bowling and soccer. Through these activities and with volunteer mentors, the region has been supporting these families to learn how to interact with their children and function as independently as possible. Some of the parents have attended upgrading at Cumberland Regional College while others have networked with Metis Nation Eastern Region II to access parenting groups and other activities.

Environmental Health (Public Health Inspection)

The public health inspection program objectives are to reduce the number of environmental hazards and the spread of communicable disease, particularly illness related to food, water and shelter. The program encompasses a wide range of environmental health initiatives and services intended to address, prevent, identify and abate environmental hazards in our health region. Emphasis is placed on prevention and education.

Did You Know?

- *In 2002/03, Home Care served more than 8,700 clients with an average monthly client load of 730 clients.*
- *Home Care provided more than 157,000 units of service this past year. A single unit of service is defined as one meal or one hour of time spent in the area of either nursing services or homemaking (which includes personal care and home management)*

Service	Units Of Service
Meals On Wheels	48,602
Homemaking (hours)	89,678
Nursing (hours)	18,746
Total	157,026

Public Health Nurses

- *In 2002/03, made 280 home visits;*
- *Did 1,183 vision and hearing screens in schools;*
- *Administered a total of 6,001 influenza and pneumococcal vaccines;*
- *Made 234 foreign travel consultations in 200;*
- *Made 2512 Child Health Clinic appointments;*
- *152 referrals were made from the Child Health Clinics.*

24 families are with mentors in Successful Mother's Support Program.

There are 932 facilities or premises that are directly regulated by Public Health Inspectors. 1,782 formal inspections were performed on these facilities.

655 consultations were conducted on sampling, analysis interpretation and treatment options for drinking water supplies.

157 field visits were conducted to sample and advise on water quality and safety.

Regional Environmental Scan - Continued

Mental Health and Addiction Services

These services are now formally amalgamated under one director. Professional services across the region include Community Mental Health Nurses, Psychologists, Addiction Workers, Social Workers, a Mental Health Therapist, a Coordinated Behavior Management Consultant and Addiction Education staff. Services include: assessment, counseling and support, crisis response, community treatment and follow-up, community development, health promotion and referrals.

Did You Know?

In 2003/03, Mental Health had 869 active caseloads.

In 2003/03, Addiction Services had 191 active caseloads.

Six individuals in the Mental Health vocational program baked two thousand cookies and muffins per month for the Nutrition For Kids program.

Dental Health Education Program

In an effort to reduce an identified high level of dental caries in young children, a preschool fluoride intervention program "Paint a Happy Smile" was introduced in early 2000, targeting three-year-old children, their parents and families. In 2002-2003 the initial group of three year olds graduated from the program. Each subsequent year, a new group of three-year-old children has been invited to participate in the program. An important component of the program is the consultation process with parents and siblings and the identification of at-risk behaviors and emerging dental needs.

In 2002/03, 70 dental health education clinics were held, 796 children were seen, and 777 parents were present.

Youth Initiatives Program

Three Community Wellness Coordinators provided many health promotion and community development activities throughout the former Pasquia Health District. These programs target the determinants of health.

- Primary Prevention of Diabetes Projects
  Each Community Wellness Coordinator received a grant from the Primary Prevention of Diabetes Project to assist schools in developing projects to influence the nutrition and physical activity of the students involved.

A youth survey was repeated for the third time in ten years for the Hudson Bay, Tisdale, Kelvington, Rose Valley and Porcupine Plain area schools. This survey provides valuable information for school and health personnel delivering programs.

520 presentations were provided to schools and community groups by the Community Wellness Coordinators.

Regional Environmental Scan - Continued

- Youth Summer Program
  "On The Move" was held in Tisdale during the summer months. This project targets 10-14 yr old girls and encourages physical activity. This project is a joint initiative between the Town of Tisdale, Tisdale School Division and the Health Region.

- "Clear the Air" Tobacco Reduction Conference
  This conference for female youth was held at Greenwater Park. 50 girls and women attended and as a result there was an action plan for Tisdale girls to circulate a petition for a smoke-free restaurant bylaw.

- Boys and Girls Programs
  These programs continue to be offered by each Community Wellness Coordinator. "Canteen Coalition" is a project in which four schools are participating in a four-year project to develop healthy school food policy.

- Interagency Committees
  Tisdale and Hudson Bay Community Wellness Coordinators are actively involved with local Interagency initiatives. The Community Wellness Coordinator in Kelvington plans to be involved in a Community Services Interagency group at the local level.

Early Childhood Team Comprised of an Early Childhood Psychologist and Speech Language Pathologist

There has been an increase in the number of infants referred for services. This is positive as it reflects early identification and in turn increases the likelihood of minimizing delays in children under the age of 3. A screening was held at Kelvington Preschool, which will be followed up in Spring 2003. The Team participated in the Pre-Kindergarten Program in Melfort and with the Hudson Bay Early Childhood Initiatives Group to provide parent education sessions.

Public Health Nutrition Program

The Public Health Nutrition Program promotes the healthy growth and development of children and youth, through education, health promotion, consultation and resources. Food Security Initiatives are an important role for the nutritionist. Current participation includes the Food For All Coalition and Melfort and Area Food Security Action Committee (Good Food Box, Kids Cooking, Collective Kitchens).

Regional Environmental Scan - Continued

Community and Clinical Nutrition Program

The Community Dietitians offer many programs and services to the adult and senior population. The Community Nutrition Program focuses on health promotion and disease specific counseling. The Community Dietitian also acts as a professional resource to the region's Food Service Departments.
Some new initiatives include:

- Diabetes prevention talks at the community level
- Grocery store tours in Melfort
- Monthly Lipid Group Classes in Melfort
- Heart and Stroke Awareness Day in Nipawin
- Nutrition Month activities

Diabetes/Cardiac Education Programs

The Diabetes and Cardiac Education Programs involve health promotion and treatment counseling. The Nurse Educators work closely with many other health care providers in delivering diabetes and cardiac care to clients.
New initiatives include:

- Come and Go Holiday Socials for people with diabetes were held in December. The socials provided some basic education as well as a chance to taste some healthier baked goods for the holiday season.
- Cardiac Education Day in Tisdale
- Public Screening for Diabetes was held at the Farm Stress Evening in Hudson Bay as well as at the Arborfield Health Fair.
- Diabetes Day 2002 was held in Nipawin during Diabetes Month
- Northeast Canadian Diabetes Branch continues to have monthly meetings in Nipawin and there are plans to work with Diabetes Teams in Melfort and Tisdale to have education sessions in those communities during the year.

Therapies

The therapies offered in the region include physical, exercise, occupational, recreational and speech language pathology. Since the formation of the region, occupational and physical therapy departments remain in Nipawin, Tisdale and Melfort, with regular visitation to various communities. Speech language pathology also provides service throughout the region.

Did You Know?

In 2002/03, 1,702 people had nutrition counseling.

1,795 people with diabetes had contact with the Diabetes Teams

2 Heart Healthy Days were held in Nipawin and Smeaton

In 2002/03, the Podiatrist held a total of 72 clinics in the communities of Nipawin, Tisdale, and Melfort.

The Podiatrist recorded a total of 729 patient treatments throughout the year, averaging approximately 34 treatments per clinic day.

14,931 physio visits took place across the region:
- *Tisdale and area - 2,030*
- *Nipawin and area - 1,009*
- *Melfort and area - 11,892*

3,358 occupational therapy visits took place:
- *Tisdale and area - 787*
- *Nipawin and area - 813*
- *Melfort and area - 1,758*

Extensive therapy is provided by physio and occupational therapy assistants in long term care across the region and Adult Day Care in Melfort.

Parkinson's and Chronic Pain exercise groups take place almost monthly in Tisdale.

The Secondary Worker's Compensation Program and Saskatchewan Government Insurance Program graduated 21 WCB clients.

Regional Environmental Scan - Continued

Did You Know?

30 members of the Porcupine Healthcare Auxiliary volunteered 1,500 hours to the Porcupine-Carragana Hospital and Red Deer Nursing Home. In 2002, the Auxiliary made a major purchase for the hospital, a $4,200 electric bed.

Total volunteer hours in 2002-2003 were 21,014 hours.

Volunteer Programs

Some examples of regional volunteer programs include:

- Activity Volunteers who assist with "one on one resident" activities in long-term care;
- Volunteer Drivers who provide transportation for people with medical and health needs;
- Pastoral/Palliative Care volunteers who minister to the physically and psychologically dying;
- Meals-on-Wheels delivers ready made meals to clients;
- Youth volunteers - students who work in the community as well as with acute care patients and long-term care residents;
- Parent Mentoring Program which provides an essential link between parents and their community;
- First Responders who are trained in First Aid for "on location" emergencies;
- Auxilliaries who contribute to various facilities through fundraising and volunteer activities;
- Gift Shop/Canteen volunteers who provide friendly service while staffing hospital gift shops;
- Doll-Fins who provide a water therapy program.

Acute Care, Supportive Care, Health Centres and Emergency Services

The major effort of 2002 – 2003 has been to amalgamate the services of the three former health districts. With this in mind, venues have been established to enable communication to occur at all levels of the department. As well, standard practices are being implemented across the region.

Acute Care

Kelsey Trail Health Region has acute care facilities/hospitals in Nipawin, Melfort, Tisdale, Porcupine Plain, Kelvington and Hudson Bay. These facilities offer 24-hour emergency services, medical and surgical care including general surgery, same day surgeries, laproscopic and gastroscopic services, observation, convalescent care, breast-feeding programs, chemotherapy outreach, palliative care, medical social work, and visiting professionals.

Tisdale Hospital is home to the satellite hemodialysis unit. This unit receives clients from Monday to Saturday and can provide up to 36 treatments per week serving an average of 14 clients per month.

Treatment and care of clients throughout the region involves team effort. Close communication exists between professionals in community services and those in acute care facilities to ensure seamless delivery of service.

Regional Environmental Scan - Continued

Acute Care Facilities (includes observation, palliative, multi-use beds, etc.)	Beds
Hudson Bay Health Care Facility	10
Kelvington Hospital	15
Melfort Hospital	42
Nipawin Hospital	39
Porcupine Carragana Hospital	9
Tisdale Hospital	24
Total	**139**

Supportive Care Services/Long-Term Care

Kelsey Trail Health Region provides supportive care services to residents requiring level three and four care. These services are available in the communities of Melfort, Tisdale, Nipawin, Porcupine Plain, Hudson Bay, Kelvington, Carrot River, Arborfield and St. Brieux.

In addition to long-term care, the region offers adult day care programs and respite care in a number of communities.

The region currently has 461 long-term care beds and 19 respite beds. Emergency respite care may also be provided in hospitals when the need arises.

Units providing specialized care of the cognitively impaired (Alzheimer disease, dementia) are functioning in Kelvington, Nipawin and Melfort.

Long Term Care Facilities	Permanent Beds	Respite/ Multi-Use Beds
Newmarket Manor (Tisdale)	38	2
Sasko Park Lodge (Tisdale)	33	
Hudson Bay Health Care Facility	15	2
Red Deer Nursing Home (Porcupine Plain)	36	2
Kelvindell Lodge (Kelvington)	44	2
Arborfield Special Care Home	34	2
Pasquia Special Care Home (Carrot River)	32	4
Parkland Care Centre (Melfort)	75	2
Pineview Lodge (Nipawin)	96	2
1st Floor Melfort Hospital	29	0
Chateau Providence (St. Brieux)	29	1
TOTAL	**461**	**19**

Health Centres

There are five health centers within the boundaries of the Kelsey Trail Health Region. These facilities are located at Smeaton, Rose Valley, Carrot River, Arborfield and Cumberland House.

Regional Environmental Scan - Continued

Nursing services are provided on a daily basis Monday to Friday at these facilities with the exception of Cumberland House where advanced clinical nurses provide 24 hours per day, seven days per week emergency coverage as well as treatment clinics Monday to Friday. General Practitioners from neighbouring towns provide weekly visits.

Did You Know?

The region has 9-1-1 telephone access with professional Emergency Medical Dispatchers to deliver pre-arrival instructions to callers.

There were a total of 21 ambulance vehicles available to respond to emergencies within the health region.

An intensive 40 hours of initial emergency medical training and continuing education was provided to 96 volunteer First Responders located within outlying communities.

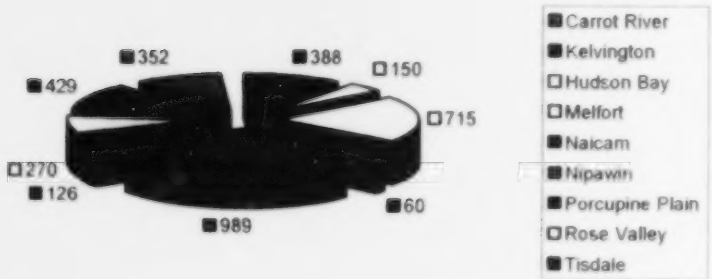
Visiting services such as public health, home care, mental health counseling, therapies, dietitian and pharmacy services are provided at the health centers on a regular basis.

Emergency Services

The Kelsey Trail Health Region continues to provide pre-hospital emergency services to the community and surrounding areas of: Carrot River, Kelvington, Hudson Bay, Melfort, Naicam, Nipawin, Porcupine Plain, Rose Valley and Tisdale. In addition, there are 24 first responder groups, comprised of 96 individuals that work closely with emergency services to provide quality care in a timely fashion. There are eight ambulance services: six privately-owned, and two board-owned.

EMS Location	Emergency Calls	Non-Emergency	Total Calls	Total Kilometers Traveled
Carrot River	89	263	**352**	92926
Kelvington	118	270	**388**	88418
Hudson Bay	56	94	**150**	40402
Melfort	318	397	**715**	110749
Naicam	47	13	**60**	7831
Nipawin	309	680	**989**	177808
Porcupine Plain	56	70	**126**	30320
Rose Valley	135	135	**270**	37930
Tisdale	147	282	**429**	75882
TOTALS	**1275**	**2204**	**3479**	**662266**

Regional Call Volume, By Service Location



PROGRESS AND RESULTS

Actions/Accomplishments Related to Goals and Objectives

- The hospitals in Melfort, Nipawin and Tisdale provide Community Oncology Program of Saskatchewan (COPS) programming. This provides a much-needed respite from travel that would be necessary to receive treatment in Saskatoon. This service is essential to the continued provision of services to the clients.

- Tisdale Hospital provides satellite renal dialysis service from St. Paul's Hospital. This allows clients to remain closer to home and prevents repeated trips to Saskatoon. Staff for this unit have been recruited and maintained, and it is anticipated that staff retention will continue.

- The Saskatchewan Health Accountability Document speaks to improving the health of Northern and Aboriginal communities. Currently, an Integrated Health Facility is being planned for Cumberland House.

- Public Health has been busy working on new programming strategies pertaining to Breastfeeding Friendly Initiatives.

- An Employee Health, Safety and Wellness position provides care for the caregivers and assures a safe workplace as per Occupational Health and Safety requirements.

Did You Know?

A total of 638 employees received flu shots offered by the employer on a voluntary basis.

- An Attendance and Disability Support position has been created to assist the employees back to the workplace following accident, disability and illness through approved programming that commits the employer and the unions.

- Approximately 1200 employees previously represented by three unions, SGEU, SEIU and CUPE were merged into one union, SGEU, a Transition Agreement was negotiated by the employer.

- New Human Resource, Occupational Health and Safety, and Infection Control policies are being drafted for the new health region.

- All of the public health nursing offices have been able to computerize the immunization records for preschool children through the Saskatchewan Immunization Management System (SIMS). Many of the offices have also been able to computerize records for a large majority of the school children up to grade 12. Cumberland House immunization data has also been entered into the system this year.

Progress & Results – Continued

- Partnerships were an important issue for all three former districts, and they continue to be important in the Kelsey Trail Health Region. Just a few of these partnerships are demonstrated by the following:

  - **Acquired Brain Injury**

    Kelsey Trail Health Region, North Saskatchewan Acquired Brain Injury Team, and the Saskatchewan Association for Rehabilitation of the Brain Injured worked with community members to develop a partnership to create the East-Central Saskatchewan Association for the Rehabilitation of the Brain Injured, a program available to residents within 100 kilometer radius from the town of Kelvington.

  - **Food Security**

    Kelsey Trail Health Region partnered with the Food For All Coalition and other groups to expand the Good Food Box program to many areas of the region.
    - *Nutrition For Kids* is a partnership in the Nipawin area that involves Kelsey Trail Health Region staff, the Nipawin School Division, and the OASIS Community Center Cooperative.
    - *Primary Prevention of Diabetes Project* provided funding to enhance the Good Food Box programs in Red Earth, Shoal Lake and Tisdale.

  - **Integrated School-linked Services**

    Integrated School-linked Services are offered in Hudson Bay, Tisdale and Kelvington areas. The region participates extensively in Integrated School-linked Services and contributes significant human and financial resources to programs such as the Pasquia Youth Initiatives Program, a Community-Based School Nurse at Melfort and Unit Comprehensive Collegiate (MUCC), an Addiction Counsellor visiting program at MUCC, the Tisdale Student Support Center, the Hudson Bay alternative school program, a Nipawin School Counsellor, and the OASIS Community Center Cooperative Inc. Kelsey Trail Health Region has significantly contributed to the aims of School Plus. Services of Community Wellness Coordinators are also examples of these programs. In addition, many other professionals are working in partnerships with schools to provide services to youth.

  - **Interagencies**

    The health region is actively involved in the activities of several interagency groups across the region including Melfort, Tisdale, Nipawin and Hudson Bay.

Progress & Results – Continued

- **Intersectoral committees** with health representation include, but is not limited to:
  - Northeast Regional Intersectoral Committee
  - Pasquia District Intersectoral Committee
  - Nipawin Integrated Services Committee
  - Nipawin KidsFirst Management Committee
  - Melfort and Area Planning Committee
  - Coordinated Behavior Management Committee
  - Tisdale RECplex Partnership Board
  - Community Justice Committees
  - Northeast H.O.M.E.S. Family Resource Centre Project
  - Cumberland House Integrated Primary Care Facility Steering Committee
  - Representative Workforce
  - LPN training partnership with Cumberland Regional College
  - Tri-district Child and Youth Committee

Other Partners:

- Communities, Rural Municipalities,
- Justice
- Learning (Cumberland Regional College, various School Divisions)
- Prince Albert Grand Council
- Saskatoon Tribal Council
- Metis Nation Eastern Region 2
- Saskatchewan Housing
- Department of Community Resources and Employment (formerly Social Services)

Coordination of these committees at a regional level has begun, in order to develop synergistic multi-level goals.

Areas to be Addressed in Future Plans

- Regional strategic planning is ongoing and through community needs assessments, will identify the strengths and gaps throughout the region. Needs assessments will focus on involvement and input from all community partnerships and will identify indicators for future planning.
- Standardized regional risk management strategies will be developed over the next several months.

CHALLENGES AND FUTURE DIRECTIONS

Areas to Address in Future Planning Cycles

1. **Recruitment and Retention**

   The greatest challenge for the region's acute care services will be the recruitment and retention of physicians and other health care professionals. A regional Recruitment and Retention Coordinator position has been established as the focal point of all recruitment efforts. Retention strategies to maintain the existing workforce are critical to surviving the fierce competition between healthcare employers and maintaining an adequate workforce. Nipawin Hospital consolidated to one ward in June 2002. Successful recruitment of three nurses leaves the region with one vacancy to be filled. The closure of beds has put a severe strain on the ability to provide services to the population of the Nipawin area. Physicians and nursing staff have been maintained at the community hospitals, however, casual replacements of registered nurses to accommodate leaves is a pressing need. Various options are being investigated that will enable the provision of guaranteed part-time and full-time hours to provide meaningful employment. Quality workplace initiatives are being explored to create more meaningful and satisfying careers for health region employees. Participation in career fairs, adopt-a-student programs, and attendance at high school events are all initiatives which will continue, in an attempt to convince youth to choose health care as a career.

2. **Capital Equipment**

   Sources of revenue identified to accommodate acquisition of capital equipment are contributions from former health district foundations, community trust funds and Saskatchewan Health. In the past, capital equipment has been a shared cost between the former health districts, the Foundations and the Community Trust Funds. This revenue would consist of foundation funds, community trust funds, donations and investment income. Raising donated funds to contribute to the acquisition of capital equipment is done on a regular and ongoing basis. This continues to be a major challenge due to the high cost of capital equipment in the healthcare industry. The process of setting aside some operational funds to acquire capital equipment has been done in the past, but with the growing pressures in the operational budget it is becoming increasingly difficult to accomplish. The acquisition of capital equipment is a necessary and critical part of providing health care services. The health region feels it very important to keep up with the capital equipment demands in order to provide the best possible health care services to the public. By keeping up with capital equipment demands, it allows the health region to provide current best practices, insure client/patient safety, and comply with occupational health and safety standards. In turn, this provides for a healthier workplace for staff and streamlines processes, which leads to operational savings and efficiencies.

Challenges And Future Directions – Continued

3. **Primary Health Care**
   Kelsey Trail Health Region has three Primary Health Care sites, at different stages of development. The region is in the process of developing a four-year plan for Primary Health Care with input from various health providers and community partners.

4. **Telehealth**
   Nipawin Hospital has a full scale Telehealth site that serves the entire region. Enhanced Telehealth and videoconferencing sites will greatly increase the accessibility of specialist's services. It would be a more efficient way to use scarce resources, and would decrease client travel. Given the geographical challenges of the region, tele-medicine and videoconferencing would greatly improve the region's ability to provide services.

5. **Health Promotion**
   A health promotion strategy has been implemented which emphasizes the provincial determinants of health influencing the health status of our residents. The health promotion strategy will target programs and funding in order to influence the greatest impact. There will be substantial employee involvement and input in designing, reviewing and implementing quality improvement strategies.

6. **Emergency Services**
   The large geographical area of the region combined with the demographics provides a unique challenge to the provision of emergency services. The need for well-trained First Responder groups who can respond immediately to stabilize clients (until emergency vehicles have arrived) has been identified. The region will proceed to continue in the development with a web of responders that will adequately cover the geography. Identifying and providing for the continuing education needs of this group will be a challenge to the region's resources over the next several years. Further development of emergency services in Cumberland House is also a priority.

7. **Population Health Strategy**
   The health region is committed to health promotion and population health. It is expected that the provincial population health strategy will involve intersectoral partnerships. This has also been emphasized with continued resource allocation to health educators and similar professionals.

8. **Healthy Beginnings Program**
   In 2003, it is the intention that the Healthy Beginnings Program for new mothers and babies can be expanded to cover parts of the Tisdale area. The Lactation Consultant will be instrumental in helping to achieve this change in program delivery.

Did You Know?

The breastfeeding initiation rate in the Healthy Beginnings program in Melfort is 83%.

Challenges And Future Directions – Continued

9. **Home Care and Community-based Services**
   There are pressures in Home Care due to lack of supports in the community, such as personal care homes and assisted living. There are also geographical challenges in the region, which has prompted a home care treatment room as part of the Nipawin Home Care office. The shift toward community-based services and away from traditional institutional care continues. The increasing number of services being provided through Home Care allows more residents to maintain their independence and continue living independently in the community. The health region continues to move toward the provision of home-like atmospheres in long-term care facilities.

SUMMARY REPORT ON HEALTH CARE ORGANIZATIONS

Specific Issues Related to the Current Regional Health Authority/Health Care Organization Relationship

The Pine Island Crisis Centre is a contracted service that currently provides addiction counseling for the community of Cumberland House.

MANAGEMENT DISCUSSION AND ANALYSIS

Impact of Past Results on Region's Future

- The former North-East, North Central and Pasquia Health Districts brought balanced budgets to the amalgamation into Kelsey Trail Health Region. This has had a positive impact on the issues that need to be addressed as the region moves through transition.
- The history of tri-district cooperation and partnership eased the transition and allowed for cooperation on a number of initiatives, and has provided a solid foundation on which to continue building regional relationships.

Region's Ability to Meet Commitments and Financial Obligations and Restrictions on Resources

The 2002/03 financial position of the region is stable, but will be challenging as the region moves into its first full year of operation since amalgamation. Current resources available for the purchase of capital equipment are minimal and will allow only for the replacement of the most urgent equipment.

Current Financing Arrangements

Please see 2002/03 financial statement attached to this document.

Variance Between Planned Goals and Actual Results

Variances between the goals and objectives of Kelsey Trail Health Region as compared to actual results over the past year are minimal.

- The region worked toward the goal of smooth transition from three former health districts to one region, which has been accomplished successfully, to a large degree.
- The region's goal of maintaining and enhancing lines of communication at all levels has been met, and frontline staff and community partners are kept informed of happenings in Kelsey Trail Health Region through a variety of methods, including the newsletter *Kelsey Trail Health Region News*, the enhancement of the staff Intranet, and ongoing developing of the region's public Internet website.
- The region has appropriately, and in a timely manner, met the requirements of Saskatchewan Health.
- In the area of performance, standardization is proceeding as the region has met its goals set for the early stages of transition. Examples are in the area of the development of regional policies and procedure formats, governance policies, payroll and financial reporting, communication direction, quality of care and concern handling processes system-wide. The region has set goals for further standardization in the future.

Management Discussion and Analysis – Continued

Extraordinary Items and Ongoing Operational Costs

- Work has begun on the upcoming Accreditation in September 2004. The development of a regional accreditation process and regional accreditation teams has been addressed. It is foreseen that accreditation will incur substantial costs in the areas of time management, human resources and travel.
- It is expected that negotiations for collective agreements will require a significant time commitment.

Impact of Current Capital Construction

The region is currently constructing Parkland Place, a 105-bed long-term care facility. The building will be completed in July 2003, with residents scheduled to move in on September 2, 2003. Parkland Place will accommodate the long-term residents now residing in Parkland Care Centre, and on the first floor of the Melfort Hospital. Residents will be living in a home-like environment, designed for 18 residents per "house". The entire building will be attached to Nirvana, and to Caskey Place, owned by the Melfort Housing Authority.

The therapy department for Melfort will be housed at Parkland Place, including physiotherapy, occupational therapy, recreational therapy, exercise therapy and speech language pathology. Outpatient therapy services will also be at Parkland Place.

Parkland Place will also be the center for food services for the entire Melfort area, including meal service for staff and patients at the Melfort Hospital and Parkland Place, Assisted Living, and Meals-on-Wheels.

This facility will undoubtedly have a financial impact on the region, and it is anticipated that the impact will only be recognized following the first full year of operation, and will be reported in future annual reports.

Community Trust Funds and Foundations

Kelsey Trail Health Region receives funds through a number of community trust funds and foundations in various communities. The region acknowledges and applauds the donations received during the past fiscal year.

Community Trust Funds are operating in Hudson Bay, Porcupine Plain, Kelvington, Rose Valley and Tisdale. Kelsey Trail Health Region ensures appropriate procedures are followed for handling donations and bequests. Expenditures from trust accounts are authorized jointly by the Regional Health Authority and the Community Trust Committees.

Management Discussion and Analysis – Continued

Two foundations operate within the region – the North Central Health District Foundation (now known as the North Central Health Care Foundation) and the Nipawin Region Health Foundation Inc.

The North Central Health Care Foundation was established in 2001 with an independent Board of Directors. The Foundation's explicit purpose is to raise funds from private sources in support of local healthcare needs, especially for the purchase of medical equipment and furnishings. In addition to fundraising, the Foundation manages the Melfort Hospital Gift Shop and will manage the new Parkland Place Gift Shop, staffed exclusively by volunteers. All gift shop profits are allocated for medical equipment purchases. In 2002 and 2003, the Foundation raised over $1 million for furnishing and equipment for Parkland Place in Melfort.

The Nipawin Region Health Foundation Inc. provided substantial financial support to Kelsey Trail Health Region in fiscal 2002-03. Through the support of donors, and prudent management of its investment portfolio, more than $64,000 was raised for medical equipment. The Foundation also contributed $80,000 from its investment earnings for capital equipment purchases, and an additional $30,000 for staff education. The Foundation is a registered charity with the stated mission of supporting quality health care for citizens served by health care facilities within the boundaries of the former North-East Health District.

Neumann & Neumann
Chartered Accountants

To the Board of Directors
Kelsey Trail Regional Health Authority

AUDITORS' REPORT

We have audited the Statement of Financial Position of the **Kelsey Trail Regional Health Authority as at March 31, 2003** and the Statements of Operations and Changes in Fund Balances and Cash Flows for the year then ended. These financial statements are the responsibility of the Health Authority's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We have conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Kelsey Trail Regional Health Authority as at March 31, 2003 and the results of its operations and the changes in its financial position for the year then ended in accordance with Canadian generally accepted accounting principles.

Chartered Accountants

Nipawin, Saskatchewan
May 16, 2003

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
STATEMENT OF FINANCIAL POSITION
As at March 31, 2003

	Restricted Funds				
	Operating Fund	Capital Fund	Community Trust Fund	Total 2003	Total 2002
ASSETS					
Current Assets					
Cash and short-term investments (Schedule 2)	$ 4,969,028	$ 1,743,461	$ 1,969,363	$ 8,681,852	$11,230,966
Accounts receivable					
Saskatchewan Health - General Revenue Fund	916,347	1,838,852	-	2,755,199	656,673
Other	1,240,043	-	-	1,240,043	850,228
Inventory	974,842	-	-	974,842	1,004,136
Prepaid expenses	557,392	-	-	557,392	482,782
	8,657,652	3,582,313	1,969,363	14,209,328	14,224,785
Investments (Schedule 2)	50,000	475,384	824,996	1,350,380	2,090,251
Capital Assets (Note 2(f) and 3)	-	51,068,036	-	51,068,036	41,747,889
Other Assets	12,403	-	-	12,403	12,403
Total Assets	$ 8,720,055	$55,125,733	$ 2,794,359	$66,640,147	$58,075,328
LIABILITIES & FUND BALANCE					
Current Liabilities					
Accounts payable	$ 430,278	$ 977,767	$ -	$ 1,408,045	$ 1,199,438
Accrued salaries	1,831,106	-	-	1,831,106	1,608,599
Vacation payable	3,927,592	-	-	3,927,592	3,508,765
Mortgages payable - current portion (Note 5)	-	282,281	-	282,281	264,868
Deferred revenue (Note 6)	232,361	-	-	232,361	360,392
	6,421,337	1,260,048	-	7,681,385	6,942,062
Mortgages payable (Note 5)	-	11,059,214	-	11,059,214	11,351,478
Total Liabilities	6,421,337	12,319,262	-	18,740,599	18,293,540
Fund Balances:					
Invested in capital assets	-	39,726,541	-	39,726,541	30,131,543
Externally restricted (Note 2(d)(iii) and Schedule 3)	-	1,004,039	2,794,359	3,798,398	4,177,609
Internally restricted (Schedule 4)	-	2,075,891	-	2,075,891	2,458,782
Unrestricted - Statement 2	2,298,718	-	-	2,298,718	3,013,854
Fund balances - Statement 2	2,298,718	42,806,471	2,794,359	47,899,548	39,781,788
Total Liabilities & Fund Balance	$ 8,720,055	$55,125,733	$ 2,794,359	$66,640,147	$58,075,328

Approved on behalf of the board:

(See accompanying notes to the financial statements)

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES
For the Year Ended March 31, 2003

Statement 2

	Operating Fund			Restricted Funds	
	Budget 2003 (Note 12)	2003	2002	Total 2003 (Schedule 5)	Total 2002
REVENUES					
Saskatchewan Health - General Revenue Fund	$53,542,124	$55,824,289	$53,115,676	$10,236,845	$ 1,285,412
Saskatchewan Health - Deferred Revenue	179,243	177,480	88,988	-	-
Other Provincial Revenue	38,662	44,280	-	-	-
Long-term resident fees and respite fees	5,655,644	5,641,797	5,532,340	-	-
Home Based Services - client fees	490,900	457,022	541,338	-	-
Emergency response service fees	179,600	197,241	118,902	-	-
CMHC mortgage subsidies	-	-	-	471,685	496,716
Federal Funding	353,825	307,655	86,809	54,187	-
Out-of-province charges & third party reimbursements	365,258	484,412	354,531	-	-
Donations	30,000	27,183	20,789	461,966	724,829
Investment income	277,982	212,313	307,442	169,884	204,479
Ancillary operations - income	141,936	145,757	115,841	17,928	17,928
Research Grants	-	-	-	-	-
Municipal Capital Grants	-	-	-	1,585,765	1,473,980
Other	1,112,479	1,094,259	1,202,683	29,818	3,500
	62,367,653	64,613,688	61,485,339	13,028,078	4,206,844
EXPENSES					
Acute services	22,814,433	23,782,255	22,429,667	2,172,092	2,140,358
Specialized Hospital Programs	436,562	420,677	399,001	-	-
Supportive care services	24,425,432	25,142,138	24,740,647	1,977,863	2,069,871
Home based services	4,767,213	4,954,357	4,797,353	36,407	35,379
Health improvement initiatives	979,630	1,009,350	952,711	-	-
Health and Wellness Centres	2,030,460	2,267,161	1,906,970	98,014	233,395
Other	371,619	307,654	79,661	-	-
Community care initiatives	206,204	195,312	179,248	-	-
Emergency response services	1,683,281	1,897,449	1,639,168	5,065	5,200
Addiction services	325,844	318,113	312,917	255	256
Community health services	2,626,367	2,707,809	2,574,632	35,764	34,024
Mental health services	748,979	772,528	754,073	130	130
Rehabilitation services	912,575	828,582	740,788	7,700	7,320
Ancillary operations - expenses	160,904	186,893	311,385	400,438	1,140
Total expenses (Schedule 1)	62,489,502	64,790,278	61,818,221	4,733,728	4,527,073
(Deficiency) excess of revenues over expenses	$ (121,849)	(176,590)	(332,882)	8,294,350	(320,229)
Fund balances, beginning of year		3,013,854	4,092,990	36,767,934	36,341,909
Interfund transfers (Note 14)		(538,546)	(746,254)	538,546	746,254
Fund balances, end of year		$ 2,298,718	$ 3,013,854	$45,600,830	$36,767,934

(See accompanying notes to the financial statements)

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
STATEMENT OF CASH FLOW
For the Year Ended March 31, 2003

Statement 3

	Operating Fund		Restricted Funds			
	2003	2002	Capital Fund	Community Trust Fund (Schedule 5)	Total 2003	Total 2002
Cash Provided by (used in):	Operating Activities			Financing and Investing Activities		
(Deficiency) excess of revenue over expenditure	$ (176,590)	$ (332,882)	$ 8,259,029	$ 35,320	$ 8,294,349	$ (320,229)
Net change in non-cash working capital (Note 16)	(1,290,694)	902,352	(521,053)	-	(521,053)	1,674,313
Expenditure not requiring outlay of Cash:						
Amortization	-	-	3,608,897	-	3,608,897	3,772,079
Loss(gain) on disposal	-	-	12,054	-	12,054	(1,040)
	(1,467,284)	569,470	11,358,927	35,320	11,394,247	5,125,123
Purchase of capital assets	-	(255)	(12,941,301)	-	(12,941,301)	(4,800,242)
Proceeds on disposal of capital assets	-	-	202	-	202	3,900
Work in progress	-	13,269	-	-	-	-
Repayment of Mortgages	-	-	(274,849)	-	(274,849)	(281,293)
	-	13,014	(13,215,948)	-	(13,215,948)	(5,077,635)
Net increase (decrease) in cash and investments during the year	(1,467,284)	582,484	(1,857,021)	35,320	(1,821,701)	47,488
Cash and investments, beginning of year	7,024,858	7,188,628	3,279,597	3,016,762	6,296,359	5,502,617
Interfund transfers (Note 14)	(538,546)	(746,254)	796,269	(257,723)	538,546	746,254
Cash and investments, end of year	$ 5,019,028	$ 7,024,858	$ 2,218,845	$ 2,794,359	$ 5,013,204	$ 6,296,359
Amounts in cash balances						
Cash and short term investments	$ 4,969,028	$ 6,474,858	$ 1,743,461	$ 1,969,363	$ 3,712,824	$ 4,756,108
Investments	50,000	550,000	475,384	824,996	1,300,380	1,540,251
	$ 5,019,028	$ 7,024,858	$ 2,218,845	$ 2,794,359	$ 5,013,204	$ 6,296,359

(See accompanying notes to the financial statements)

5. Mortgages Payable

Title of Issue	Interest Rate	Annual Repayment Terms	2003	2002
Hudson Bay Health Care Facility				
C.M.H.C., due December 1, 2016	5.375%	$10,350 Principal & interest	100,818	105,668
C.M.H.C., due January 1, 2023	7.00%	$2,823 Principal & interest	30,085	30,805
Rose Valley Health Centre				
C.M.H.C., due February 1, 2005	6.45%	$49,531 Principal & interest Of which $20,534 is subsidized by CMHC	538,367	553,109
Newmarket Manor				
C.M.H.C. due February 1, 2005	6.45%	$184,393 Principal & interest Of which $57,990 is subsidized by CMHC	2,082,670	2,132,726
Sasko Park Lodge				
C.M.H.C., due January 1, 2023	7.50%	$10,607 Principal & interest	110,269	112,637
Kelvindell Lodge				
C.M.H.C., due December 1, 2003	5.432%	$37,815 Principal & interest	429,076	443,417
C.M.H.C., due January 1, 2027	8.00%	$41,485 Principal & interest Of which $12,817 is subsidized by CMHC	445,865	451,997
Red Deer Nursing Home				
C.M.H.C., due June 1, 2022	7.25%	$16,938 Principal & interest	176,932	181,071
C.M.H.C., due March 1, 2007	5.05%	$60,364 Principal & interest Of which $48,000 is subsidized by CMHC	841,490	859,305
Pasquia Special Care Home				
C.M.H.C., due August 1, 2025	8.00%	$25,763 Principal & interest	270,951	275,207
Arborfield Special Care Lodge				
C.M.H.C., due February 1, 2005	6.45%	$129,216 Principal & interest Of which $61,603 is subsidized by CMHC	1,402,488	1,441,070

5. Mortgages Payable - continued

Pineview Lodge				
C.M.H.C., due August 1, 2019	6.875%	$21,014 Principal & interest	207,818	214,497
C.M.H.C., due October 1, 2005	6.45%	$74,803 Principal & interest Of which $30,421 is subsidized by CMHC	686,781	716,812
C.M.H.C., due October 1, 2005	6.45%	$171,615 Principal & interest Of which $120,000 is subsidized by CMHC	2,032,339	2,073,145
Chateau Providence				
C.M.H.C., due December 1, 2006	4.97%	$101,521 Principal & interest Of which $84,000 is subsidized by CMHC	1,414,963	1,446,029
Nirvana Pioneer Villa				
C.M.H.C., due September 1, 2025	8.00%	$50,382 Principal & interest	530,583	538,852
Department of Health	0.00%	Non interst bearing Payable at the discretion of Dept. of Health	40,000	40,000
			11,341,495	11,616,347
Less: Current portion			282,281	264,868
			$11,059,214	$11,351,479

For each of the mortgages, the RHA has pledged the related buildings of the special care homes as security.

Principle repayments required in each of the next five years is estimated as follows:

2004	$ 282,281
2005	300,437
2006	319,774
2007	340,368
2008	362,304
Thereafter	9,736,331
	$ 11,341,495

18. Foundations

Fund raising efforts are undertaken through non-profit business corporations known as the Nipawin Region Health Foundation Inc. and North Central Health District Foundation Inc.
Due to timing constraints in this year of amalgamation from former District Health Boards to the Regional Health Authority, the figures disclosed for the foundations listed below are as at March 31/2002.

Nipawin Region Health Foundation Inc.

	2002
Balance Sheet	
Total Assets	$ 2,760,159
Total Liabilities	$ 136,485
Total Net Assets	2,623,674
	$ 2,760,159
Results of Operation	
Total Revenues	$ 265,373
Total Expenses	(250,428)
Excess(Deficiency) of Revenue over Expenses	$ 14,945
Cash Flows	
Cash from operations	$ (61,390)
Cash used in financing and investing activities	143,770
Increase(Decrease) in cash	$ 82,380

North Central Health District Foundation Inc.

	2002
Balance Sheet	
Total Assets	$ 50,401
Total Liabilities	$ 76,538
Total Net Assets	(26,137)
	$ 50,401
Results of Operation	
Total Revenues	$ 454
Total Expenses	(26,591)
Excess(Deficiency) of Revenue over Expenses	$ (26,137)

Total expenses include contributions of $0 to the RHA.

Cash Flows	
Cash from operations	$ (26,137)
Cash used in financing and investing activities	76,538
Increase(Decrease) in cash	$ 50,401

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXPENSES
For the Year Ended March 31, 2003

Schedule 1

	2003	2002
Operating		
Ambulance Services Grants	$ 1,609,636	$ 1,375,703
Ancillary	-	-
Benefits	7,016,476	6,540,242
Contract/Professional Fees	117,468	122,254
Diagnostic Imaging Supplies	117,640	126,503
Drugs	712,012	613,722
Food	1,475,495	1,498,980
Grants to third parties	-	-
Housekeeping & Laundry Supplies	329,021	337,651
Information Technology Contracts & Licenses	-	-
Insurance	126,482	117,787
Interest Expense	4,342	5,526
Laboratory Supplies	733,574	631,285
Medical & Surgical Supplies	993,185	912,765
Medical Remuneration & Benefits	1,813,164	1,436,361
Office Supplies & Other Office Costs	847,721	863,390
Other	2,404,724	2,361,051
Prosthetics	-	-
Purchase Service	1,940,743	2,118,311
Rent/Lease	123,749	126,919
Repairs & Maintenance	642,440	607,496
Salaries	41,236,651	39,463,710
Telephone	184,274	196,866
Travel Expense	603,702	559,849
Utilities	1,757,779	1,801,850
Total Operating	$ 64,790,278	$ 61,818,221
Restricted		
Amortization	$ 3,608,897	$ 3,747,358
Loss(gain) on disposal of capital assets	12,054	(1,040)
Other	1,112,777	780,753
	$ 4,733,728	$ 4,527,071

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
SCHEDULE OF INVESTMENTS
For the Year Ended March 31, 2003

Schedule 2

Cash and Investments are comprised of the following:

	Maturity Date	Coupon Rate	Effective Rate	2003	2002
Cash on hand		-	-	$ 10,870	$ 8,760
Cash on deposit - chequing and savings					
Royal Bank - Tisdale		-	-	-	5,927,651
Tisdale Credit Union Limited		-	-	5,182,475	-
Nipawin Credit Union		-	-	1,380,542	1,745,808
CIBC - Melfort		-	-	21,970	1,281,810
St. Brieux Credit Union		-	-	-	82,069
Advantage Credit Union		-	-	1,959,312	1,540,768
Wood Gundy		-	-	925	9,868
Nipawin Credit Union - Term Deposit	Apr-02	-	3.900%	-	500,000
Canada Savings Bonds	Nov-04	-	6.000%	50,000	50,000
Farm Credit Corporation shares	Oct-02	-	5.800%	-	802,425
Province of Saskatchewan bonds	Jul-03	5.750%	5.750%	250,000	250,000
Province of Saskatchewan bonds	Jul-04	5.750%	5.750%	168,000	168,000
CIBC Dow Jones linked deposit	Nov-06	index adjusted with 2.83% guarantee		196,200	193,500
Province of British Columbia bonds	Jan-08	-	7.010%	811,938	760,558
				$10,032,232	$13,321,217
Amounts designated for operating purposes				5,019,028	7,024,858
Amounts designated for restricted purposes				5,013,204	6,296,359
				$10,032,232	$13,321,217

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXTERNALLY RESTRICTED FUNDS
(COMMUNITY TRUST FUND EQUITY)
For the Year Ended March 31, 2003

Schedule 3

	Balance Beginning Of Year	Investment & Other Revenue	Donations	Withdrawals	Balance End Of Year
Rose Valley Health Centre	$ 98,492	$ 2,651	$ 115	$ 5,115	$ 96,14
Tisdale Hospital	560,726	32,964	21,307	58,525	556,47
Tisdale Hospital - Dialysis Unit	156,873	4,767	27,441	2,597	186,48
Kelvington Hospital	13,536	910	47,309	13,667	48,08
Porcupine Plain Hospital	91,109	2,497	12,279	15,015	90,87
Hudson Bay Health Care Facility	145,595	4,023	16,760	14,086	152,29
New Market Manor	317,193	8,645	3,090	9,654	319,27
Sasko Park Lodge	152,424	4,098	871	31,089	126,30
Kelvindell Lodge	55,681	1,582	99,500	92,466	64,29
Red Deer Nursing Home	33,186	802	5,045	10,241	28,79
Pasquia Home Care	213,602	5,843	1,000	5,904	214,54
Hudson Bay Ambulance	83,503	2,287	450	434	85,80
Melfort Hospital	632,638	39,087	-	91,496	580,22
Parkland Place	462,204	15,434	75,000	307,871	244,76
	$ 3,016,762	$ 125,590	$ 310,167	$ 658,160	$ 2,794,35

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
SCHEDULE OF INTERNALLY RESTRICTED FUND BALANCES
For the Year Ended March 31, 2003

Schedule 4

	Balance Beginning Of Year	Investment & Other Revenue	Annual Allocation	Transfer (To) From Other Funds	Expenditures	Balance End Of Year
Rose Valley Health Centre	$ 15,895	$ 499	$ -	$ 6,612	$ 2,614	$ 20,392
Tisdale Joint Use Facility	1,281	41	-	290	-	1,612
Newmarket Manor	108,068	2,991	-	-	-	111,059
Sasko Park Lodge	15,101	277	4,320	-	7,224	12,474
Kelvindell Lodge	29,488	650	7,900	50,237	11,332	76,943
Red Deer Nursing Home	123,632	3,352	-	-	7,421	119,563
Hudson Bay Health Care Facility	98,832	2,694	-	-	5,464	96,062
Ambulances	286,182	7,921	-	-	-	294,103
Newmarket Manor - Construction	229,125	5,921	-	-	21,690	213,356
Other	377,091	10,401	-	289,755	402,106	275,141
Nirvana Pioneer Villa	287,977	19,380	-	-	-	307,357
Chateau Providence	157,432	10,595	-	-	-	168,027
Capital Equipment reserve	177,062	4,703	-	(160,764)	-	21,001
Carrot River Building Project	125,032	-	-	(125,032)	-	-
Carrot River Furnishing Fund	12,996	6,951	-	-	5,550	14,397
Cumberland House Capital Reserve	9,847	-	-	(8,840)	-	1,007
Pineview Lodge	121,691	3,582	-	(43,209)	-	82,064
Pasquia Special Care Home	46,743	1,252	5,800	(33,928)	-	19,867
Arborfield Special Care Home	235,308	6,245	-	(27,404)	-	214,149
Palliative Home Care	-	-	-	5,521	-	5,521
Activities-Arborfield Special Care Home	-	-	-	3,008	-	3,008
Activities-Carrot River	-	-	-	18,788	-	18,788
	$ 2,458,783	$ 87,455	$ 18,020	$ (24,966)	$ 463,401	$ 2,075,891

The RHA is required to maintain certain replacement reserves as a condition of receiving a subsidized mortgage or a mortgage interest subsidy from the Canada Mortgage and Housing Corporation.

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
SCHEDULE OF RESTRICTED FUND BALANCES
For the Year Ended March 31, 2003

Schedule 5

	Capital Fund 2003	Community Trust Fund 2003	Total 2003	Total 2002
REVENUE				
Saskatchewan Health				
- General Revenue Fund	$ 10,236,845	$ -	$ 10,236,845	$ 1,285,412
Other Provincial Revenue	-	-	-	-
Long-Term Resident and Respite Income	-	-	-	-
Home Based Service - Client Fees	-	-	-	-
Emergency Response Service Fees	-	-	-	-
CMHC Mortgage Subsidies	471,685	-	471,685	496,716
Federal Funding	54,187	-	54,187	-
Out-of-province charges & third party reimbursements	-	-	-	-
Donations	151,799	310,167	461,966	724,830
Investment income	64,721	105,163	169,884	204,478
Ancillary operations - income	-	17,928	17,928	17,928
Research Grants	-	-	-	-
Municipal Capital Grants	1,585,765	-	1,585,765	1,473,980
Other	27,317	2,500	29,817	3,500
	12,592,319	435,758	13,028,077	4,206,844
EXPENSES				
Acute services	2,172,092	-	2,172,092	2,140,358
Specialized Hospital Programs	-	-	-	-
Supportive care services	1,977,863	-	1,977,863	2,069,871
Home based services	36,407	-	36,407	35,379
Health Improvement Initiatives	-	-	-	-
Health and Wellness Centres	98,014	-	98,014	233,395
Other	-	-	-	-
Community Care Initiatives	-	-	-	-
Emergency response services	5,065	-	5,065	5,200
Addiction services	255	-	255	256
Community health services	35,764	-	35,764	34,024
Mental health services	130	-	130	130
Rehabilitiation services	7,700	-	7,700	7,320
Ancillary operations - expenses	-	400,438	400,438	1,140
Total expenses (Schedule 1)	4,333,290	400,438	4,733,728	4,527,073
(Deficiency) excess of revenue over expenses	8,259,029	35,320	8,294,349	(320,229)
Fund balances, beginning of year	33,751,172	3,016,762	36,767,934	36,341,909
Interfund Transfers (Note 14)	796,269	(257,723)	538,546	746,254
Fund balances, end of year	$ 42,806,470	$ 2,794,359	$ 45,600,829	$ 36,767,934

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended March 31, 2003

1. Legislative Authority

On August 1, 2002, the Legislative Assembly passed *The Regional Health Services Act* (the Act). This Act created the Kelsey Trail Regional Health Authority (RHA). The Authority is responsible for the planning, organization, delivery and evaluation of health services within the geographic area known as the Kelsey Trail Health Region.

On coming into force, the Act terminated the membership of the individual District Health Boards. All assets, liabilities, rights, and obligations of the District Health Boards continue as the assets, liabilities, rights, and obligations of the Regional Health Authority. All contracts with the District Health Boards remain in effect until repealed or replaced by the Regional Health Authorities.

2. Significant Accounting Policies

These financial statements have been prepared in accordance with Canadian generally accepted accounting principles and include the following significant accounting policies.

(a) Amalgamation for former District Health Boards

The three former District Health Boards, North Central District Health Board, North East District Health Board, and Pasquia District Health Board, have been amalgamated in these financial statements using the continuity-of-interests method. All assets, liabilities, revenues and expenses have been combined in both the 2002 and 2003 fiscal years.

(b) The RHA has entered into operating agreements with and provide funding to certain healthcare organizations to provide health services. These organizations include:

Hudson Bay & District Assessment and Resource Service Society Inc.
Pine Island Outpatient Centre

These financial statements do not include the financial activities of the above organizations. Alternatively, Note 17 describes the funding provided during the year.

(c) The Nipawin Region Health Foundation Inc. and the North Central Health District Foundation Inc. are incorporated under The Non-Profit Corporations Act and are registered charities under *The Income Tax Act*.

Under the Foundations' Articles of Incorporation all funds raised by the Foundation are to be expended on health care within the boundaries of the related former health districts. Consequently, control of the foundation's activities by virtue of economic interest exists.

These financial statements do not include the financial activities of the two Foundations. Alternatively, Note 18 describes the financial position and results of operations of the Foundations.

3. Capital Assets

	2003			2002
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land	$ 569,004	$ -	$ 569,004	579,671
Land Improvements	573,360	560,881	12,479	29,263
Buildings	70,565,856	36,302,379	34,263,477	36,027,198
Equipment	22,374,986	18,347,409	4,027,577	4,192,814
Construction in Progress	12,195,499	-	12,195,499	918,943
	$ 106,278,705	$ 55,210,669	$ 51,068,036	$ 41,747,889

4. Commitments

During the year, the RHA entered into a contract with an agency whereby the agency provides educational and clinical services for individuals needing mental health or addiction services. This contract expires March 31, 2004 and has resulted in a commitment of $76,081.

Effective April 1, 1987, Saskatchewan Property Management Corporation entered into a lease arrangement with Saskatchewan Health for the Parkland Regional Care Centre facility. The Kelsey Trail Regional Health Authority is not required to make rental payments under the arrangement. The Kelsey Trail Regional Health Authority continues to operate the facility under the terms of this lease arrangement.

The RHA has entered into tender agreements for the construction of a new facility in the amount of $18,248,425, of which $12,936,319 will be funded by The Government of Saskatchewan, $3,247,600 will be funded by Local Governments, and $2,064,506 is to be funded by activities of the Kelsey Trail Regional Health Authority and the North Central District Foundation Inc.
As of March 31, 2003 the remaining commitment for construction amounted to $6,052,926.

The Board has committed to purchasing $39,222 of supplies from a certain supplier.

6. Deferred Revenue

	Balance Beginning Of Year	Less Amount Recognized From Health	Add Amount Received From Health	Less Amount Recognized From Other Sources	Add Amount Received From Other Sources	Balance End Of Year
Health Improvement Initiatives	$ 57,658	$ (354,924)	$ 297,266	$ -	$ -	$ -
Workplace Wellness Fund	513	(14,308)	13,795	-	-	-
Primary Care Nurse Project	18,624	(111,624)	93,000	-	-	-
Regional Health Authority Transition	90,000	(90,000)	-	-	-	-
Tri District Mental Health Position	10,685	(30,685)	20,000	-	-	-
Professional Development Funding	-	-	56,355	-	-	56,355
Provincial Diabetes Plan	-	-	55,566	-	-	55,566
Acquired Brain Injury	-	-	-	(49,384)	61,906	12,522
SIMS and PHIS	-	-	-	-	10,000	10,000
Primary Prevention of Diabetes	38,075	-	30,000	(40,048)	-	28,027
Regional Intersectoral Funding	6,404	-	-	(6,404)	-	-
Advanced Clinical Nurse	25,592	-	-	-	-	25,592
Kids First	92,909	(92,909)	-	-	44,299	44,299
Nipawin Region Health Foundation	19,932	-	-	(19,932)	-	-
Total	$ 360,392	$ (694,450)	$ 565,982	$ (115,768)	$ 116,205	$ 232,361

Restricted funding related to general operations from Saskatchewan Health - General Revenue Fund is recorded as revenue as the related costs are incurred.

7. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2003 was $80,856 (2002 - $80,188). The cash and equivalent trust liability are not reflected in these financial statements.

8. Related Party Transactions

These financial statements include transactions with related parties. The RHA is related to all Saskatchewan Crown Agencies such as departments, corporations, boards and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of transactions resulting from these transactions are included in the

financial statements and the table below. They are recorded at the standard rates charged by those organizations and are settled on normal trade terms.

8. Related Party Transactions (continued)

Related Party	Expense	Amount
Sask Energy Incorporated	Utilities	$ 672,662
Sask Power Corporation	Utilities	874,422
Sask Property Management	Other	348,054
Sask Tel	Phone	406,840
Sask Workers Compensation	Salaries and benefits	794,075
SAHO	Benefits and other	5,533,665

In addition, the RHA pays Provincial Sales Tax to the Saskatchewan Department of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

9. Comparative Information

Certain 2001-02 balances have been reclassified to conform with the current year's presentation.

10. Pension

Employees of the RHA participate in one of the following pension plans. Some employees participate in the Saskatchewan Healthcare Employees' Pension Plan (SHEPP), which is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP, is a multi-employer defined benefit plan which came into effect December 31, 2002. (Prior to December 31, 2002 this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors). Other employees participate in either the Public Service Superannuation Plan (a related party) which is also a defined benefit plan, or the Public Employees' Pension Plan (a related party) which is a defined contribution plan, both of these plans are the responsibility of the Province of Saskatchewan. The RHA's financial obligation to the plans is limited to making required payments to match amounts contributed by employees for current services.

Pension expense for the year amounted to $1,790,410 (2002 - $1,616,630) and is included in benefits.

11. Subsequent Event

The Saskatchewan Government has announced it is moving forward with its plan to build a new Health Centre in the community of Cumberland House. The new health center will include space for existing health services provided by both the Cumberland House Cree Nation and the Kelsey Trail Regional Health Authority. The province will contribute approximately 65% of the total project construction costs, with the balance funded by the community and the federal government.

12. Budget

The operating budget was approved by the RHA and the Minister of Health.

13. Financial Instruments

(a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

(b) Credit risk

The RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the RHA's receivables are from Saskatchewan Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other provinces. Therefore, the credit risk is minimal.

(c) Fair value

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.
  - Cash and short-term investments
  - Accounts receivable
  - Accounts payable
  - Accrued salaries and vacation payable

- For investments, the fair value is considered to approximate quoted market values.

- The fair value of mortgages payable before the repayment required within one year is $12,022,924 and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements.

14. Interfund Transfers

In 2003, the RHA internally restricted and transferred from the operating fund to the capital fund $24,922 (2002 - $104,217) for replacement reserves required by the Canada Mortgage and Housing Corporation; $514,128 (2002 - $592,205) to be used for capital asset purchases. These internally restricted amounts are not available for unrestricted purposes without approval of the RHA. Capital and replacement reserve funds of $1,585 (2002 - $0) were used to pay for repairs expensed in the operating fund. The RHA approved the transfer of $642,992 (2002 - $163,499) from community-generated trust funds to the capital fund to be used for capital asset purchases and $29,931 (2002 - $31,571) to be transferred to the operating fund.

15. Guarantee

The RHA has provided a $116,400.00 guarantee to a financial institution for certain loans granted to North Sask Laundry and Support Services Ltd.

16. Net Change in Non-Cash Working Capital

	2003	2002
Decrease (increase) in accounts receivable	$ (989,522)	$(262,642)
(Increase) decrease in inventory	29,296	(4,935)
(Increase) decrease in prepaid expenses	(74,610)	113,859
(Decrease) increase in accounts payable	(769,161)	(78,310)
Increase (decrease) in accrued liabilities	641,334	1,051,851
(Decrease) increase in deferred revenue	(128,031)	82,529
	$(1,290,694)	$ 902,352

17. Health Care Organizations

The RHA has also entered into operating agreements with healthcare organizations to provide services.

These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, the RHA provided the following amounts to health care organizations:

	2003	2002
Hudson Bay & District Assessment & Referral Service	$70,834	$73,720
Pine Island Crisis Centre	119,796	119,796
	$190,630	$193,516

KELSEY TRAIL HEALTH REGION "FAN MAIL"

The clients, residents, patients and staff of Kelsey Trail Health Region continue to celebrate quality of care!

"You have become like family to grandma and to us. We are well aware that you have gone above and beyond in taking care of grandma. Thanks for being good at your job."

"We would like to take this opportunity to say thank you to everyone who made Mom's stay a happy and comfortable one. Your kindness and excellent care will always be remembered."

"Words can never express the depth of our gratitude for all your kindness. We admire you for your patience and understanding which at times was not easy. Thanks from the bottom of our hearts."

"We would like to sincerely thank the staff for all the excellent care given to our mother for so many years. We knew she was cared for with dignity, respect and love."

"I would like to thank you and all the gentle and caring staff who helped look after mom and to the staff behind the scenes...it's the people on staff that show so much compassion that makes the difference."

"I very much appreciate the excellent care. The staff who tend to her are kind and compassionate. Pineview Lodge itself is a fine facility - bright, attractive and clean."

"I wanted to thank all of you for the wonderful care. Everyone I spoke to when I called showed a genuine care and affection for Grandpa. That always made me feel sure that Grandpa was being well cared for."

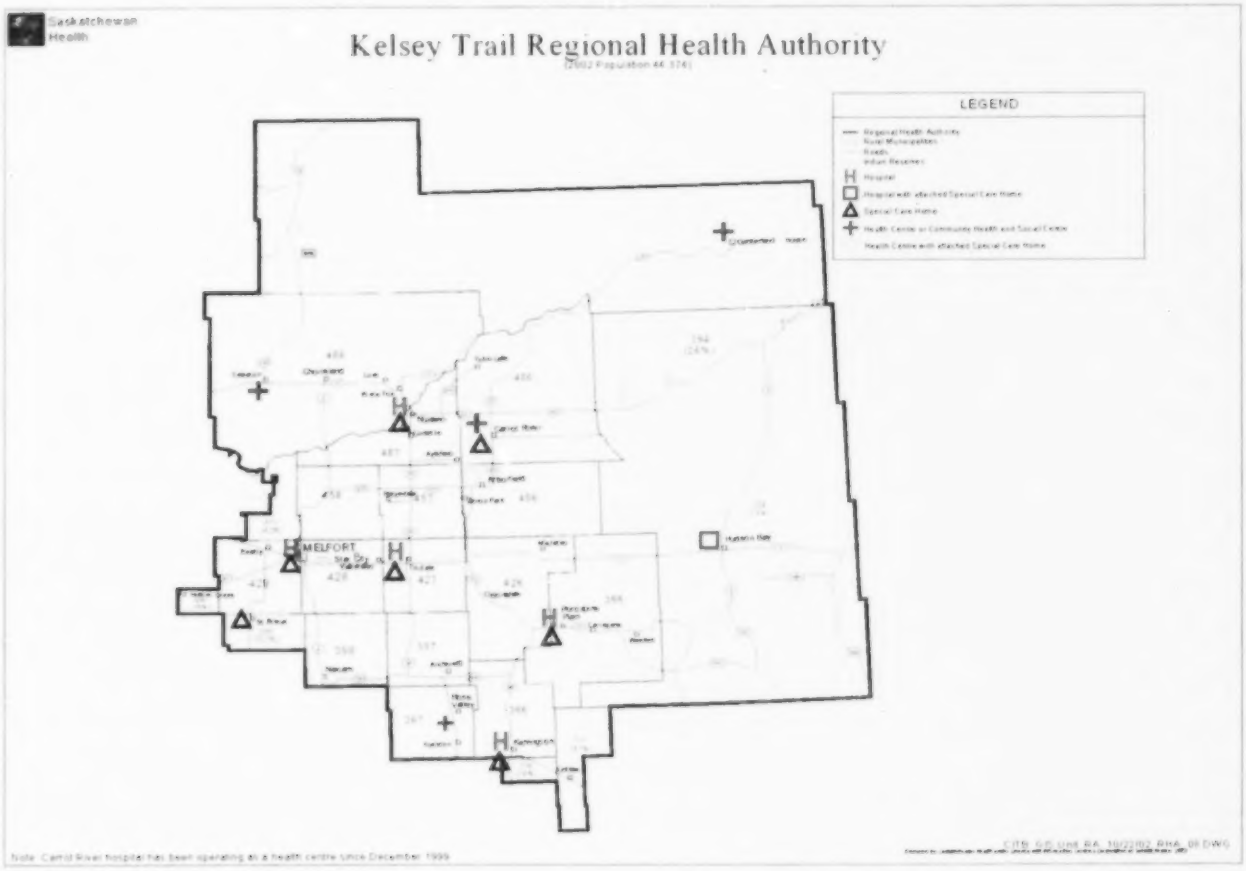
"We would like to thank all of you for the good care. She was blessed to have all of you as her caregiver and friend. Your kindness will never be forgotten."

"It takes special people to work in a care home. Thank you sincerely for caring."

"It is a big help to be able to go to Melfort for the cataract surgeries."

"I would like to thank you for coming to our school with such wonderful presentations. I know the teachers appreciate the excellent job you do."

"What a warm, friendly, caring place. The staff was always friendly, the meals absolutely great. We had a wonderful visit with our parents and made some new friends with staff and residents."


Saskatchewan Health
Kelsey Trail Regional Health Authority
LEGEND
MELFORT
Note: Carrot River hospital has been operating as a health centre since December 1999.

For further information regarding material presented in this Report,
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